

Orchard Park Cooperative Preschool Emergency Treatment Information

(also available at www.opcoop.com)

Child's Name: _____

Emergency Treatment Consent Form

In case of emergency, I _____, hereby
(Name of Parent/Guardian)
consent to the provision of, and permit the proper personnel to administer emergency medical treatment to my
child, _____, in the event I cannot be reached to
(Name of Child)
otherwise provide consent.

Signature: _____ Date: _____

Emergency Information

Child's Name: _____ Class: _____ DOB: _____

Father's Name: _____

Home Phone: _____ Cell/Bus. Ph.: _____

Address: _____

Mother's Name: _____

Home Phone: _____ Cell/Bus. Ph.: _____

Address: _____

Other Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Doctor's Name: _____ Phone: _____

Address: _____

Health Insurance Company: _____ Policy#: _____